

Revised 1997

State of South Dakota Statement of Financial Interest Elected Official

RECEIVED

Officer Administering Oath

My commission expires: ____

File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this TATE form. E Wiswall Place Swit Falls 5D 57105 Representative If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return. If there are changes, please complete the following: 4. What is your occupation/profession? 5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) What is the nature of your immediate family's association gross income in the preceding calendar year. Identify with each? The value of the financial interest need not who receives the income from each enterprise. be reported. 6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership What is the nature of your immediate family's association interest in each enterprise. with each? SECRETARY OF STATE State of South Dakota) SS. Verification County of _____ I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year. Sworn to before me this _____ day of _____, 19____. (Seal)

State of South Dakota Statement of Financial Interest Candidate for Public Office

RECEIVED

APR 12 2004

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before comple	eting this form.
1. Name Bill Thompson	
2. Address 709 E Wiswall Place Sian	* Falls 5D 57105
3. Office Sought Representative in South	
4. What is your occupation/profession? retired tec	icher, substitute teacher
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise. Sloux Falls 49-5 School District	
SD Retirement System	self - retirement pay
State of SD	self- legislator pay
Dakota State University	wife - teacher wages
minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.	What is the nature of your immediate family's association with each?
	Filed this
	· Oho Welson
State of South Dakota) Sounty of Manchana) SS.	Verification SECRETARY OF S
have reviewed paragraphs 1 through 6 of the Information Restatement of Financial Interest and certify that the information my financial interests for the preceding calendar year. (Signed	reported is a complete, true and accurate representation of
Sworn to before me this day of	2004. Altri alla
eniceni 1897	Officer Administering Oath My commission expires:
DETAILED TO THE PARTY OF THE PA	Terri Strom, Notary Public My Commission Expires 10-19-2007